1-1-10 thrule-30-10 CAMPAIGN FINANCE REPORT STATE OF WISCONSIN MILWAUKEE COUNTY ELECTION COMMISSION No No Is This Report an Amendment: ☐ Yes Instructions for completing schedules are on the back of each schedule. 20 0 JUL 20 AM 10: 35 **COMMITTEE IDENTIFICATION** 4mienas OFFICE USE ONLY City, State and Zip Code WSEB ID Number: Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. NAME OF REPORT ☐ January Continuing Pre-Primary ☐ Spring ☐ Fall Special Termination Report July Continuing OOO Pre-Election Spring also complete Schedule 4 ☐ Fall Special SUMMARY OF RECEIPTS AND Column A Column B **Audited Totals** DISBURSEMENTS This Period Office Use Only Calendar Year-To-Date 1. RECEIPTS \$ 100.00 \$ 100.00 1A. Contributions (Including Loans) from Individuals \$ 1B. Contributions from Committees (Transfers-In) \$ S \$ \$ 1C. Other Income and Commercial Loans \$ TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) \$ 100.00 100.00 2. DISBURSEMENTS 5.00 \$ s 115,00 2A. Gross Expenditures 115.00 \$ S 2B. Contributions to Committees (Transfers-Out) S \$ 115.00 \$ \$ 115.00 TOTAL DISBURSEMENTS (Add totals from 2A and 2B) CASH SUMMARY Cash Balance Beginning of Report s 100.00 Total Receipts Subtotal Total Disbursements CASH BALANCE END OF REPORT INCURRED OBLIGATIONS (Balance at the Close of This Period-3A) LOANS (Balance at the Close of This Period-3B) I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Candidate or Treasurer Signature of Candidate or Treasurer

The information on this form is required by ss.11.06, 11.20, Wis. Stats Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

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Frend	5 of Elizabeth 19	7 Cogos		
Instructions for	completing scheduled are on the back of ear		Amount	Calendar Year-to-Date Total
(JIN OF E	Clipabeth 1812	Supervisor	10000	
	MAW. WI 53205	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) Supervisor On Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	100,	Office Use
Date	Check if: In-Kind Toonduit Loan Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place		Calendar
wome		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
	£ 1	¥		Office Use
Date	Check if: In-Kind Conduit Coan Full Name, Mailing Address and Zip Code	Cocupation, Name and Address of Principal Place	Amount	Calendar
1 1	•	Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
				Office Use
	Check if: In-Kind Conduit Loan			
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
			<u> </u>	Office Use
	Check if: In-Kind Conduit Loan	!		
Date /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	€		9	Office Use
	Check if: In-Kind Conduit Loan		,	
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	62			Office Use
Date	Check if: In-Kind Conduit Loan Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
/ /	run tania, maining Address and Lip Code	Of Employment (if year-to-date total exceeds \$100)	Allouit	Year-to-Date Total
			13	Office Use
Date	Check if: In-Kind Conduit Loan Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
1 1	,	Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
	=			Office Use
· · ·	Check if: In-Kind Conduit Loan			1,375 (5.7)
	SUE	STOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 100.00	100.00
		TOTAL ITEMIZED CONTRIBUTIONS	s	
	тот	AL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$	
	TOTAL C	ONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 100.00	100.00

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Page	of	
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Complete Comm	501 Elizabeth M Coep	5	2	
Instructions for	completing schedules are on the back of each schedule.			
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
Date	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code	Specific Purpose of	Amount	Office Use
, ,	Of Person or Business to Whom Payment is Made	Expenditure		
	Check if: In-Kind Offset			As
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
\	Check if: 1 In-Kind Offset			
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
1.5	a			
Date	Check if: 1n-Kind Offset Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: 🗵 In-Kind Offset			11
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if:			
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: In-Kind Offset	İ		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if:			
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: 1n-Kind Offset			
	SUBTOTAL ITEMIZED	EXPENDITURES THIS PAGE	\$	
	TOTAL ITEMIZED EXPENDITURES			
	TOTAL UNITEMIZED	EXPENDITURES \$20 OR LESS	: 15.00	
		TOTAL EXPENDITURES	1. 115,00	

SCHEDULE 3-B

ADDITIONAL DISCLOSURE

Loans

Individual, Committee or Commercial

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Page	of	

Complete Committee Name 4 Fierds of Elizab	ell M Coggs				2
Instructions for completing schedules are o	n the back of each schedule.				
		Outstanding Batance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period O 799 0 2
List All Endorsers or Guarantors (if any)	· 10/3000	11/11/2			17/1/1/19
<u> </u>	···	i i			.)
Full Name, Mailing Address and Zip Code of Guarantor	Occupation				
	Name and Address of Employer				
0	Amount Guaranteed Outstanding		·		
Full Name, Mailing Address and Zip Code of Guarantor	Occupation		 		
##P	Name and Address of Employer				
	Amount Guaranteed Outstanding	<u> </u>			
	İs				
Full Name, Mailing Address an	d Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
1 1			*		1
List All Endorsers or Guarantors (if any)		······································			
Full Name, Mailing Address and Zip Code of Guarantor	Occupation	 			
	Name and Address of Employer				
\$1. 00	Amount Guaranteed Outstanding			-	
Full Name, Mailing Address and Zip Code	S Occupation		. <u></u> .		
of Guarantor	Оссирания				
	Name and Address of Employer		<u> </u>		
	Amount Guaranteed Outstanding	,			
	<u> </u>				
Full Name, Mailing Address a	nd Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
Date					
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code	Occupation				22
of Guarantor	2!				
-	Name and Address of Employer				
	Amount Guaranteed Outstanding				
Full Name, Mailing Address and Zip Code of Guarantor	Occupation		· · · · · · · · · · · · · · · · · · ·		
	Name and Address of Employer				
	Amount Guaranteed Outstanding				
L	<u> \$</u>				

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$ 9799, 23

\$ 9799,73

TOTAL OUTSTANDING LOANS \$